VID VISTA IRRIGATION DISTRICT

Backflow Test Report

-PLEASE FILL OUT COMPLETELY-

Service Name: _____   Account #: _____

Service Address: ___ ___ _____   Meter #: _

BACKFLOW INFORMATION

Manufacturer: _____ Model: _____ Serial #: _____ Size: _____

Physical Location: ____ At Meter ____ Behind Sidewalk ____ At Building ____ Other: _____

Distance from meter: _____ ft. Type: ____ DC ____ DCDA ____ RP _ _ RPDA (Check By-Pass meter for operation)

INITIAL TEST

#1 Check Valve	**#2 Check Valve**	**Relief Valve**
Closed _____	Closed _____	Opened @ _____ psi
Leaked _____	Leaked _____	
Apparent Press. Drop _____ psi	RPDA By-Pass meter read prior flow test:	cf
Actual Press. Drop _____ psi	RPDA By-Pass meter read after flow test:	cf

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REPAIRS/REPLACEMENTS/REMARKS

_____

_____ _____ _____

_____

FINAL TEST

#1 Check Valve	**#2 Check Valve**	**Relief Valve**
Closed _____	Closed _____	Opened @ _____ psi
Leaked _____	Leaked _____	
Apparent Press. Drop _____ psi	RPDA By-Pass meter read prior flow test:	cf
Actual Press. Drop _____ psi	RPDA By-Pass meter read after flow test:	cf

The following Certified Tester(s) certifies that the above assembly was tested and/or repaired according to the latest USC Tester Manual. At the time of test, the above assembly performed as reported and was placed back into service after the test. Any device found not meeting manufacturers' specifications or State Health requirements was reported to the Vista Irrigation District within one working day of the Initial Test date.

Initial Test by: Name *(please print)* _____ Signature _____ # _____ Date: _____

Repaired by: Name *(please print)* _____ Signature _____ # _____ Date: _____

Final Test by: Name *(please print)* _____ Signature _____ # _____ Date: _____

Testers Test Equipment

Test Kit #: _____ Make _____ Model _____ Date Calibrated: _____

For VID use only

Date Report Received: _____ Reviewed by: _____ Date: _____ Cycle No. _____

Form BTR-2 6/99